

## **Application Data Sheet**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: ADJUSTABLE TOILET FLANGE ASSEMBLY

Attorney Docket Number:: Rendell P-3001-5

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 4

Small Entity:: Yes

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Secrecy Order in Parent Appl.?::

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name:: D  
Family Name:: Rendell  
Name Suffix::  
City of Residence:: Oxford  
State or Province of Residence:: Michigan  
Country of Residence:: US  
Street of mailing address:: 564 Maloney

City of mailing address:: Oxford  
State or Province of mailing address:: MI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 48371

Applicant Authority type:: Inventor  
Primary Citizenship Country::  
Status:: [Pick One]  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::

City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::

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State or Province of mailing address::  
Country of mailing address::  
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Country of Residence::

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City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 29318

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address:

Postal or Zip Code of mailing address:

Phone Number::

Fax Number::

E-Mail address::

### Representative Information

Representative Customer Number:: 23399

Representative Designation::	Registration Number::	Representative Name::

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	09/992,317	11/19/01
09/992,317	Non-Provisional of	60/252,449	11/21/00

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::